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DD/S 72-2950

25 July 1972

MEMORANDUM FOR: Deputy Director for Support

SUBJECT : Agency Annual Report

REFERENCE : Memorandum from Acting Deputy Director for Support, dated 6 July 1972, subject as above

As requested, attached is the Annual Report of the Office of Medical Services for FY 1972. Within each of the three major sections of this report activities are discussed, as appropriate, according to the current Agency program structure which for the OMS is:

I. Professional Medical Services

Selection Processing
Conventional Health Services
Psychiatric Services
Psychological Services

II.



III. Management Support

Direction and Control
Administrative Support Services



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JOHN R. TIETJEN, M.D.
Director of Medical Services

Attachment

WARNING NOTICE
SENSITIVE INFORMATION SOURCES
AND METHODS INVOLVED

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E. Budget Trends

25X1 FY 1972 budget [redacted] was lower than FY 1971
25X1 [redacted] because of the personnel ceiling reduction
25X1 from [redacted] The five positions deleted were:

Medical Officer, Clinical Division
Psychologist, Psychological Services Staff
Staff Nurse, Clinical Division
Supply Assistant, Support Division
Medical Technician, Selection Processing Division

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II. MAJOR ACCOMPLISHMENTS AND FAILINGS

A, B, C: NA

D. Medical Support

1. Professional Medical Services:

a. More personalized medical attention was stressed in FY 1972. This was manifested by more individualized testing and by more comprehensive follow-up interviews by medical officers in discussing the results of examinations. Some evidence that this effort was successful is in the increased number of occasions when this is brought to our attention -- sometimes by memorandum, sometimes by phone call, sometimes by direct encounter -- by employees who make such a special effort to voice their appreciation.

b. New technical improvements. Adoption of computerized electrocardiography has resulted in more consistent EKG interpretation and provides a basis for future computerized storage and retrieval, as well as a growing basis for research studies. This was a Management Effectiveness Goal for FY 1972 under OMB Circular A-44. In our diagnostic and monitoring program, within the past year a cardiac evaluation room has been established and is being used in the diagnosis and prognosis of employees while under physical stress (treadmill). An emergency cardiac care room equipped with oxygen, resuscitation equipment, oscilloscopic cardiac monitor, external pacemaker, and emergency cardiac drugs has also been established for cardiac emergencies.

c. A major development in medical support in FY 1972 was the Drug Abuse Program. This program had its roots in the previous year when our Operations Division developed the Agency's Drug Abuse Exhibit which has been shown in various parts of the Agency and to selected non-Federal groups in the Washington area. In August 1971 OMS medical officers launched a series of seminars for various Agency components. Typically these were conducted in a component's area and attended by 10-20 employees on a voluntary basis. By April 1972 an average of two such seminars were being presented each week.

In May 1972 the Drug Abuse problem became something other than a theoretical or academic concern. In response to cable notification from an overseas station of a drug problem involving U. S. minor dependents, including those of Agency employees, the Chief of the Psychiatric Staff hastened to the station to provide advice and assistance. A medical service officer experienced in psychiatric support accompanied him. C/PS remained two weeks and by means of direct interviews and consultations, and an extended teletype conference with headquarters, on-the-spot decisions were made that have apparently resolved the problem. Although several Agency families were returned to headquarters prior to completion of tour, no Agency dependent has been found to be addicted. As a direct result of this experience, employee parents are now required to attend seminars on drug abuse in the course of processing for assignment overseas [] July 1972).

In June 1972 the Agency's Drug Abuse Exhibit was shown at the Annual Convention of the American Medical Association (AMA) in San Francisco. Three OMS medical officers attended the exhibit and met with the thousands of physicians and their guests who visited the exhibit. To our great delight the Agency's exhibit was awarded first prize in its class (teaching exhibits); this was the AMA's Billings Gold Medal. Numerous invitations have been received to display the exhibit at subsequent professional meetings. Two of these have so far been accepted -- the Scientific Assembly of the American Academy of Family Physicians (New York in September), and the Clinical Convention of the AMA (Cincinnati in November).

d. In March 1972 the Agency's Alcoholism Program was launched [] 21 March 1972). In this the OMS has a major role in early consultation with employees concerned with this problem and/or with their supervisors. OMS's role in this program is based on some five years of study and discussions of the subject by an OMS committee.

f. In April 1972 the Psychiatric Staff published

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two papers on defection that represented several years of research. These were: The Principles of Defector Management and The Psychology of Re-defection. These papers have been circulated through the Inter Agency Defection Committee. A favorable response has been received with the Federal Bureau of Investigation in June 1972 requesting additional copies. Undoubtedly because of these papers and the briefings and discussions concerning them, the Psychiatric Staff is being called upon more frequently by the Clandestine Service and the [redacted] for lectures, briefings and other types of consultative assistance.

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g. During FY 1972 OMS made a deliberate and sustained effort to expand its contacts in the medical community. In the Federal area this involved a more active role in the Council of Federal Medical Directors (one of our staff medical officers is now chairman of [redacted])

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[redacted] and closer contacts with the USPHS Center for Disease Control and the Armed Forces Institute of Pathology. In the private area this involved our conduct of periodic medical conferences to which eminent medical authorities are invited as guest speakers. Our staff medical officers and psychologists continue to attend professional meetings with regularity. A first venture of its kind for us on the national scene was the showing of the Agency's Drug Abuse exhibit at the AMA Convention, as described above.

h. Several developments in the area of Psychological Services are worthy of mention:

(1) In February 1972 was issued "A Report of Agency Young Professionals Prepared by a Working Committee of the Human Resources Study Group." This represented several months effort directed by the PSS at the request of the Executive Director-Comptroller. It is representative of types of research and inquiries involving human factors that PSS is prepared to pursue in assistance to management.

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frequency to lecture on this subject. His talk in June 1972 at the request of the Department of Defense to a group of wives and other relatives of U. S. prisoners of war/missing in action was so well received that DOD subsequently filmed this talk for presentation to the next-of-kin of all U. S. POW/MIAs. Earlier (December 1971-February 1972) this officer served as the primary debriefing officer for Richard Fecteau upon his release from 19 years imprisonment by the Chinese Communists.

(3) A technical advance during FY 1972 in the PSS was the use of the IBM 1230 Mark Scorer in the processing of results of the Professional Applicant Test Battery (PATB) that is routinely administered by PSS to professional applicants. This innovation was also a Management Effectiveness Goal projected for FY 1972 under OMB Circular A-44 and has resulted in the anticipated savings in the services of the psychometrists who formerly processed these results.

(4) Not the least of PSS achievements in FY 1972 was the recruitment and entrance on duty of four (4) staff psychologists to replace losses by retirement and resignation experienced in FY 1971. This has permitted the continued expansion of activities in the psychological services area.

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a. Field Support developments considered of major importance have been described in Section I above. Those were (1) the negotiation 

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3. Management Support:

a. In July 1971 the long planned consultant survey of our system for medical records and information processing (IPS) was initiated. This should lead to an improved system possibly all or partially computerized. Phases I and II of this planned three-phase effort have been completed and Phase III - the actual conversion of the thousands of our medical charts -- should take place during FY 1973.

b. FY 1972 saw considerable improvement in our administrative procedures for handling cases of medical disability under the CIARDS (34 cases --

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a new high -- were processed under this system in FY 1972.)

c. In the area of Studies, the OMS Committee for the Behavioral and Social Sciences continued to meet throughout FY 1972 and provided a forum for exchange of views among our OMS disciplines of the potential application of the expertise and innovations of the behavioral sciences to Agency matters.

4. Failings:

This is probably too strong a term and "lack of more progress" might be a more appropriate term. In this sense then the following are mentioned for FY 1972:

a. Recruitment of staff medical officers, and more specifically the lack of an appropriate medical officer to fill the vacant position of Africa Regional Medical Officer; all the other [] RMO positions are filled.

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the recognized success of this venture for the past several years, the studies are being produced by the general staff personnel resources of the Psychiatric Staff. It is our opinion that an effort as potentially important as this should be pursued through resources specifically dedicated for the purpose. On the demand side of this activity there has been a problem which is now being resolved in programming requirements. Requests for studies although numerous must be ordered by priority and controlled in flow.

c. A newly emergent problem is the provision of medical support for the increasing number of Agency personnel under non-official cover. We are working closely with [] on this.

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d. Perhaps the greatest problem results from the reduction of personnel ceiling authorization. Well over 90% of the OMS budget is for some type of personal services, and when we must undergo a cut of five positions as we did in FY 1972 the impact on our activities is considerable. The most commonly observed result

of this is that we find ourselves increasingly absorbed in the problems of the moment without being able to devote the time and thought we should like to matters of longer range development.

III. AHEAD

A. Resource Outlook

Resources tentatively allocated for FY 1973 are essentially the same as those for FY 1972. For FY 1974 additional funds (no additional positions) have tentatively been allocated for new activities as follows:

Multiphasic Testing/Periodic Health	
Examinations.	\$ 50,000
Information Processing System	120,000
Behavioral and Social Sciences.	50,000
	<hr/>
	\$220,000

These activities are described below.

B, C, D: NA

E. Future Changes in Medical Support

1. Professional Medical Services:

a. Health Education Program

Recommendations were submitted on 21 July for an immediate Health Education Program (HEP) to be directed by the OMS for Agency employees. This would involve panel discussions, slide reviews, movies, video tapes, exhibits, displays, posters, a periodic Medical Newsletter, and professional consultations in a broad effort to apprise employees of those risk factors and hazards relating to health that contribute to premature disability or death. Such a HEP had been projected in our future plans but has been moved forward in response to newly stated views of the DCI on employee physical fitness.

b. Multiphasic Testing/Periodic Health Examinations (MPT/PHE)

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Essentially this is our proposal for making the services of the OMS available on a recurrent basis to those Agency employees whom we do not see regularly, e.g., those whose assignments do not require medical evaluations on the occasion of a personnel action. We propose to use automated medical screening techniques (laboratory, X-ray, EKG when indicated, etc.) to process such employees, with certain of these to be subsequently seen by a medical officer as the screening tests indicate. We have already automated certain of our clinical procedures but a revised Information Processing System (IPS), as described below, is also necessary for the full development of the MPT/PHE effort. As indicated above, funds for this total effort have tentatively been approved for FY 1974.

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a. Field Medical Support:

(1) We propose in the FY 1975-76 period an extension of our enhanced headquarters clinical capabilities to the field. Initially (FY 1975) the services of the headquarters clinical laboratory would be made available to our RMOs. Later this central laboratory service would be expanded to move toward a central diagnostic facility concept. This would involve the use of the OMS headquarters consultant resources and near real time communications with the RMOs. This type of future field medical support we feel is

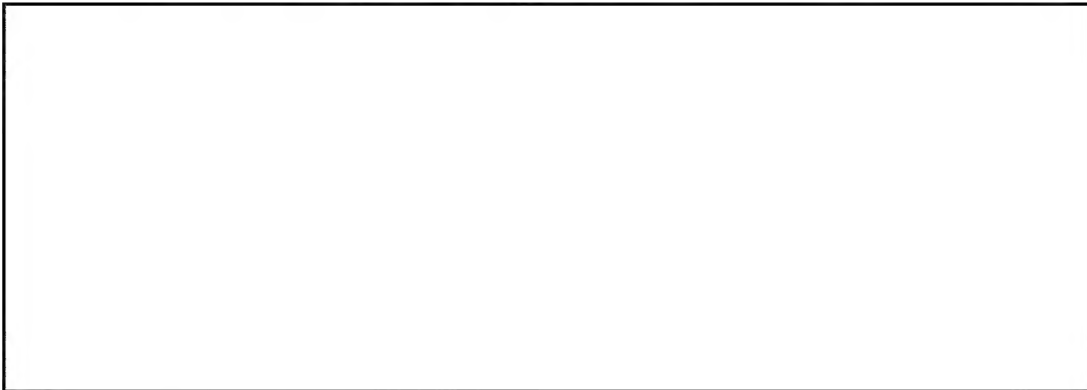
Greater utilization by the Agency of non-official cover will also require such reconfigured field medical support.

(2) The passing [] as the major Agency logistics base in the Far East and the

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reorganization of our RMO system in that area will require careful monitoring for the effects on area medical support. We plan frequent TDY surveys by OMS headquarters officials in this regard.

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3. Management Support

a. Information Processing System

As mentioned, a revision of our outdated system for medical records and information processing (IPS) is necessary for the full development of the MPT/PHE plans. During FY 1973 conversion of these records should be initiated so that the MPT/PHE program may follow in FY 1974 as presently planned. Even by that date the ultimate configuration of our IPS will still be under consideration in the light of on-going experience with the new complex of programs. The ultimate objective remains however a modern automated system for medical records creation, storage and retrieval, and a sound data base for appropriate clinical research.

b. Studies

We propose to continue the OMS Committee for the Behavioral and Social Sciences. The Committee has now moved into human factors considerations such as Organizational Development and the application of the Assessment Center concept for the identification of managerial talent within the Agency. We believe

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that some recommendations will be forthcoming that will merit consideration by senior Agency management. The modest additional funds tentatively approved for FY 1974 should provide the additional consultant assistance projected for this effort.

Other studies will be provided for as part of on-going professional activities. An example would be an inquiry, as part of the expanded MPT/PHE program, to identify and measure causal factors in coronary artery disease among Agency employees. Another example might be an analogous inquiry into the problem of obesity. Such studies would, in our judgment, be merely further steps in our continuing effort to conserve Agency manpower.

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